PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

SIRF. PO27. US. C

| TOTAL CLAIMS Column 1) | - | | CLAIMS AS | S'FILED - | PART | I | | | SMALL EN | YTITY | , | OTHER | THAN |
|--|--|-----------------|--------------------|--|--------------|---------------------------------------|-------------------|-------------|--------------|-------------|-----------|----------------|---------------------------------------|
| Number Part | • | · . | | (Column | 1) . | (Colu | mn 2) | | 44 | 3.00 | OR | | |
| Column 1 | TOTAL CLAIMS / 9 | | | | | | × | | RATE | FEE | | RATE | FEE |
| March Minus Minu | FOR | | | NUMBER FILED | | NUMB | ER EXTRA | - X | BASIC FEE | 375:00 | OR | BASIC FEE | 750.00 |
| TOTAL OR ADDIT FEE OR | TOTAL CHARGEABLE CLAIMS / 9 minus 20= | | | | | * 0 | - | × | X\$ 9= | | OR | X\$18= | |
| INTTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) | IDI | PENDENT CL | AIMS | 3 mil | nus 3 = | 6 | | | X42= | | OR | X84= | |
| TOTAL CLAIMS AS AMENDED - PART II (Column 1) CLAIMS Note of the part of the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) CColumn 2) CColumn 3) REMAINING NUMBER PREVIOUSLY PREVI | U | TIPLE DEPEN | IDENT CLAIM P | RESENT | ti s. | √s. | | 19 | +140= | | 1 | +280= | 7.1.7 e |
| CLAIMS AS AMENDED - PART II (COlumn 1) (Column 2) (Column 3) CLAIMS HIGHEST PREVIOUSLY PART II (COlumn 1) (COlumn 2) (Column 3) RAMALL ENTITY OR SMALL ENT | If the difference in column 1 is less than zero, enter | | | | | | olumn 2 | | | 320 | | Alle Sala | |
| REMAINING | | C | | MENDED | (Colui | mn 2) | (Column 3) | | * * *. | ENTITY | | OTHER | 4.6 |
| Hast Presentation of Multiple Dependent Claim | a magazina ana | | REMAINING AFTER | of the desired in the second s | NUM PREVI | BER OUSLY | | ક કર્મના | RATE | TIONAL | | RATE | ADDI- TIONAI FEE |
| Hast Presentation of Multiple Dependent Claim | office and the second | Total | | Minus | ** . | 3.5 | 7 ≅ . ; | heij L | X\$ 9= | | OR | X\$18= | |
| +140= | | 117434 | NITATION OF M | 22 - | | C) AINA | | | X42= | | OR | X84= | |
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| Column 1 Column 2 Column 3 | 1000 | | 14 4 5 = 1 | | | | | | | 1. 1. | OR | | |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA Total * Minus ** = X\$ 9= OR X\$18= OR X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | The Application | | (Column 1) | alance. | (Colu | mn 2) | (Column 3) | | ADDIT. FEET | | | i d Se | Control Services |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= OR +280= TOTAL ADDIT FEE OR ADDIT FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total ** Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM Independent ** Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | X | REMAINING AFTER | | NUM PREVI | BER OUSLY | | 4 | RATE | TIONAL | | RATE | ADDI- TIONAI FEE |
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| CLAIMS REMAINING AFTER AFTER AMENDMENT PREVIOUSLY PAID FOR Total * Minus *** Independent Minus Minus | 1000 | | (Column 1) | | (Colu | mn 2) | (Column 3) | | ADDII. FEE I | | | ADDII. FEE | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | Salation of Benefit | | REMAINING AFTER | | NUM PREVI | BER OUSLY | PRESENT | | RATE | TIONAL | Section 1 | RATE | ADDI- TIONA FEE |
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| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | FIRST PRESE | NTATION OF M | ULTIPLE DEF | PENDÉN | T CLAIM | or ≨l y □ |] | 772= | La State Re | OR | 7,04- | n |
| | | | | | | | 1 | | +140= | | OR | +280≃ | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE | ** | the "Highest Nu | mber Previously P | aid For" IN THI | S SPACE | is less tha | n 20; enter "20 |)." | TOTAL | | OR | TOTAL | · · · · · · · · · · · · · · · · · · · |